



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Community Support Programs for Chronically Homeless Individuals (CSP-CHI)		
MNG #: 046	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care	Prior Authorization Needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 1/7/2021	Effective Date: 04/01/2021
Last Revised Date:	Next Annual Review Date: 1/7/2022	Retire Date:

OVERVIEW:

Community Support Program for Chronically Homeless Individuals (CSP-CHI) includes an array of services delivered by community-based, mobile, paraprofessional staff, supported by a clinical supervisor, to members with mental health or substance use disorder diagnoses, and who also experience chronic homelessness and have identified a Permanent Supportive Housing (PSH) housing opportunity. Once housing is imminent with members moving within 120 days, members receiving CSP may receive CSP-CHI services. CSP-CHI includes assistance from specialized professionals who – based on their unique skills, education, or lived experience – have the ability to engage and support individuals experiencing chronic homelessness in searching for PSH, preparing for and transitioning to an available housing unit, and, once housed, coordinating access to physical health, behavioral health, and other needed services geared towards helping them sustain tenancy and meet their health needs. The types of CSP-CHI services available may be categorized as:

- Pre-Tenancy: engaging the member and assisting in the search for an appropriate and affordable housing unit;
- Transition into Housing: assistance arranging for and helping the member move into housing; and
- Tenancy Sustaining Supports: assistance focused on helping the member remain in housing and connect with other community benefits and resources.

Services should be flexible with the goal of helping eligible members attain the skills and resources needed to maintain housing stability. CSP-CHI services may be delivered within housing, at provider sites, or in the community. CSP-CHI workers are expected to collaborate with the Interdisciplinary Care Team (ICT). The intensity and level of support provided is based on the individual needs of the member.

CSP-CHI is a more intensive form of Community Support Program (CSP). CSP-CHI also replaces the services formerly known as Community Support Program for People Experiencing Chronic Homelessness (CSPECH).



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DECISION GUIDELINES:

Clinical Eligibility:

- Member has a mental health or substance use disorder
- Member is experiencing an acute life crisis or has severe escalation in symptoms that has disrupted his/her daily level of functioning, and needs additional support
- Member is not at risk to harm himself/herself or others and does not require 24-hour medical or psychiatric supervision
- Member may be stepping-down from a more intensive level of support (i.e., Inpatient, PHP, IOP, and Crisis Stabilization Unit).
- Services must be provided in accordance with the member's goals as stated in the careplan.

Determination of Medical Necessity:

- Member has been assessed and will benefit from intensive community-based services
- Services may be used for individuals with physical, mental, and/or cognitive impairments who are unable to safely or effectively perform an activity and for whom such services will support his/her improved health status and his/her ability to maintain integrated living in the community
- Member must meet the federal definition of Chronically Homeless. Chronically homeless, as defined by the U.S. Department of Housing and Urban Development (HUD), is a disabled individual who has been continuously homeless on the streets or in an emergency shelter or safe haven for at least 12 months or longer, or has had at least four separate episodes of homelessness (on the streets, or in an emergency shelter or safe haven) in the last three-years, where the combined occasions must total at least 12 months (occasions must be separated by a break of at least seven nights; stays in institution of fewer than 90 days do not constitute a break). To meet the disabled part of the definition, the individual must have a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairment resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of two or more of those conditions.

LIMITATIONS/EXCLUSIONS:

- Member is at acute risk to harm self or others, or sufficient impairment exists to require a more-intensive level of service beyond community-based intervention; or
- Member is receiving similar supportive services and does not require this level of care; or
- Member or his/her guardian does not consent to CSP-CHI services

KEY CARE PLANNING CONSIDERATIONS:

- CCA may share information as appropriate to help providers/facility understand the member's history, current treatment, and treatment needs
- Evaluation of informal supports to provide the service should be considered (e.g., family member or friend)
- A review of other existing supports in the care plan should be conducted before initiating new services to prevent against duplicative services



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AUTHORIZATION:

Prior authorization is not required.

RELATED REFERENCES:

1. MassHealth Managed Care Entity Bulletin #44 (October 2020)

ATTACHMENTS:

EXHIBIT A:

REVISION LOG:

REVISION DATE	DESCRIPTION
01/07/2021	Reviewed and approved by Medical Policy Committee

APPROVALS:

Douglas Hsu
CCA Senior Clinical Lead [Print]

Signature

VP, Medical Policy and Utilization Review
Title [Print]

01/07/2021

Date

Livia Ataide
CCA Senior Operational Lead [Print]

Signature

Director, Behavioral Health
Title [Print]

1/7/2021

Date

Lori Tishler, MD
CCA CMO or Designee [Print]

Signature

Sr. VP Medical Services
Title [Print]

1/7/2021

Date